Bulletin 🖗

Volume 38, Issue 11 - November 2010

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Published by the South Carolina Dental Association

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Perspective on ADA HOD Decisions by Hal Fair

This year I decided to drive to the annual ADA meeting in Orlando. On the way down I was concerned that this may be one of the most contentious meetings that I would attend in my 10 years of serving on the delegation. On my way home with time to reflect I realized it was one of the most intense, deliberative and hard working HOD that I had ever been a part of. With resolutions on workforce, membership and budget I am proud to say that the HOD performed due diligence in its deliberations and passed resolutions that maintained the dentist scope of practice. A budget was passed that will allow the ADA to move forward in a positive proactive manner. The following will highlight just a few of the 139 resolutions that were voted on.

President Dr. Ron Tankersley, from our own 16th District, addressed the opening session of the HOD. He spoke about ADA's legacy: its present, past,

and future. He shared with us his heartfelt beliefs that we should insist that ADA policies be based on sound science and impeccable ethics and that the strength of the ADA is directly proportional to its credibility. He went on to say that we should insist that all information from the ADA be appropriate, vetted for accuracy, and presented in the proper context. Finally, he believes the ADA must "tell its story better". We have an incredible story to tell, but is remains poorly understood by many. To



maintain market share with younger dentists, they must understand our relevance to their lives. They need to understand that our standards development activities give them their professional status. And they need to understand the necessity of advocacy in today's society: [Advocacy for our policies, our values, our beliefs, our profession, and our patients.]

On Monday morning, at the second session of the HOD, the first order of business was for the delegates to cast their ballots for one of four President-Elect candidates. Dr. William Calnon of New York (the 2nd Trustee District) was the winner. Dr. Calnon addressed the HOD and said "You have given me a wonderful gift and that is your confidence in me. I thank you for that and I will not let you down." I have had the pleasure of knowing Bill for many years and served two years with him on the Council on Dental Practice. I can tell you first hand that the ADA will be in good hands under his leadership.

Next, the HOD considered several workforce resolutions. Res. 43 had the potential to change the scope of practice of the dentist and the supervision of auxiliaries by the dentist. It would have also opened the door for mid-level providers to perform surgical procedures. It was basically a rewrite of our present Comprehensive Policy Statement on Allied Dental Personnel. However, the work-

Continued on Page 2

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force reference committee presented Res. 43RC which confirmed that the dentist be the provider who performs examinations, diagnoses, treatment planning and surgical/ irreversible procedures. This resolution also brought the 41 states that have general supervision under the umbrella of ADA policy while still affirming that personal, direct, and indirect supervision is the most appropriate supervision for optimal patient care. Res. 46RC was passed and is a positive aspirational policy that states the ADA, by all appropriate means, strives to maintain that the dentist be the healthcare provider who performs surgical/irreversible procedures. Res. 92H rescinded the ADA's policy opposing pilot programs that could involve non-dentists doing surgical procedures. This was a concern to many; but, we were able to get back into the resolution an amendment that placed parameters on these pilot programs. Resolved, that the ADA may support pilot programs that do not jeopardize the patient's oral health, is based on a valid assessment demonstrating that the program is necessary to fulfill an unmet need and the program does not allow a nondentist to diagnose, treatment plan or perform irreversible/surgical procedures.

All of these policies are positive in nature and will go a long way to unify the different factions within the Association. A unified ADA speaking with one voice will be a stronger ADA better able to advocate for its membership.

Lastly, the HOD passed a responsible budget that approved a 2011 operating budget of \$116 million in expenses and \$115 million in revenue - calling for a dues increase of \$7. Included in this is a \$500,000 membership initiative. For the first time our membership has fallen below 70% to 69%. To maintain our strong voice in Washington and our claim that we are the voice of dentistry we cannot allow this. The Council on Membership feels strongly about this initiative and their hope is that the increase in membership will more than offset the money spent. Finally the HOD approved a one time \$23 special assessment to pay for information technology infrastructure upgrades. These upgrades have been postponed since 2006 because of no dues increase and increasing pressure to reduce expenditures. However these software updates can be put off no longer. They are necessary to bring our management software up to date with current management software. The assessment will provide \$2.5 million to fund these updates.

This is just a small sampling of the more than 139 resolutions that we of the 16th District addressed. You can be proud of your delegation and the input our district had in Orlando. I know I can speak for our entire delegation in thanking you for allowing us to serve.

Dr. Richard Bryant Receives 3rd Annual Carlos Salinas Award

Dr. Richard Hartwell Bryant, a pediatric dentist in Florence, has been recognized as the recipient of the 2010 Carlos Salinas award, the S.C. Department of Health and Environmental Control announced recently. "The South Carolina Dental Association, South Carolina Oral Health Coalition and Advisory Council, and Specialized Care Company established this award to honor a dentist for excellence in providing care to and advocacy for individuals with special health care needs," said Christine Veschusio, director of DHEC's Division of Oral Health. "For 30 years Dr. Bryant has consistently served and provided excellent dental care to patients with special needs."

Veschusio said that in the early 1980's when Dr. Bryant first established his pediatric dental practice in Florence, he would spend several days a week at the Pee Dee Center in Florence. The Pee Dee Center is an in-state regional center that provides 24-hour care for individuals with complex and severe disabilities. The S.C. Department



Dr. Richard Bryant

of Disabilities and Special Needs oversees the operation of this facility. Dental services are provided to patients on an ongoing basis. Dr. Bryant also assisted in the establishment of the Craniofacial Team in Florence and volunteers in their clinics. These clinics provide treatment to children and teens with disorders such as Cleft Lip and Palate and other severe midface skeletal problems.

Dr. Bryant received the award and special recognition at the Medical University of South Carolina's XI Annual Continuing Education Course on "Dental Program for the Diagnosis and Treatment of Individuals with Special Health Care Needs." His name will be placed on a perpetual plaque displayed at the MUSC College of Dental Medicine.

The award, in its third year, is named for Carlos Salinas, DMD, in recognition of his commitment to assisting people with special needs. Dr. Salinas is a professor and director of the Medical University of South Carolina's Division of Craniofacial Genetics, Department of Pediatric Dentistry and Orthodontics, and director of MUSC's Craniofacial Anomalies and Cleft Lip and Palate Team. He has been with the College of Dental Medicine for 34 years.

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- This coverage can be provided only when the JUA insured dentist is not practicing. This coverage is not available for dentists who are scheduling other dentists to staff an emergency room.
- Coverage cannot be provided on a retroactive basis if the request is made late and is available only to JUA dentists.

URGENT – Insurance Action Needed

Due to national health care reform, insurance carriers are required to obtain the average employer contribution made towards medical coverage in your practice when health care reform was signed into law effective March 23, 2010. This number will be compared to your contributions toward the costs of medical insurance in 2011. To that end, you will shortly be receiving an attestation form that will be required to retain "grandfathered health plan" status under the Patient Protection and Affordable Care Act.

FAILURE TO RETURN THE ATTESTATION FORM TO BLUECROSS BY DECEMBER 1, 2010, YOUR PRACTICE WILL FALL INTO A NON-GRANDFATHERED CLASS. COMPLETING THIS FORM, IN COMBINATION WITH MAINTAINING YOUR JANUARY 1, 2011 EMPLOY-EE MEDICAL PREMIUM CONTRIBUTIONS WITHIN 5% OF THE MARCH 23, 2010 LEVEL, WILL PERMIT YOUR PRACTICE TO FALL UNDER THE GRANDFATHERED CLAUSE WITHIN HEALTH CARE REFORM LEGISLA-TION. THIS WILL ALLOW PARTICIPATING DENTISTS TO RETAIN SOME OF THE UNIQUE BENEFITS THE SCDA PLAN OFFERS PARTICIPATING DENTISTS – SUCH AS SURVIVING SPOUSE AND RETIREE COVER-AGE.

If you've misplaced your form please visit SCDA's website at <u>www.scda.org</u> to download a copy. For the 3/23/10 box (the benchmark date for

grandfathering), please note each employee's selected plan and age, the current premiums for the plan chosen,

and the percentage your practice contributes toward their current premiums. Repeat this for the renewal plan and premium.

All practices, regardless of grandfathering, are subject to the following Health Care Reform provisions:

- There is no lifetime limit on benefits.
- Dependent children are eligible to be covered to age 26, regardless of student status, barring certain exceptions. If you wish to add a dependent child who has previously reached limiting age under the plan, complete and submit an enrollment form before 1/1/11.
- There are no pre-existing condition exclusions for dependent children under age 19.
- There is no rescission of benefits.

2011 rates are to be used towards your calculation for the "renewal" period box. The SCDA group medical plan experienced an 8% increase for the renewal year and these rates are reflected therein.

There were some changes to limitations. These can be viewed by reviewing your plan booklet at <u>www.scda.org</u> and following "Member Benefits" to "Insurance Products" and "Group Medical Plan." Click on the 2011 plan booklets which will be posted prior to the new year.

If you are interested in making any changes to your plan for the 2011 year, please send change form (found on SCDA website as well) to the SCDA office by January 1st.

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Editorial Comments

Comments appearing in this section are the renderings of the Editor or credited authors and do not necessarily reflect the opinions or policies of the SCDA. Letters are invited. Brevity is appreciated, and the Editor reserves the right to edit all communications. Letters may be emailed: philes48@aol.com, mailed to the SCDA office, or faxed to (803)359-3004.



Dr. Phil Smith, Editor

The Greater Good....

The ADA hosted another successful Annual Session. Concurrent meetings added interest and expanded the connection for the thousands of attendees. Our association is very creative in selecting opening speakers for the convention. This year was another home run. The speaker was Malcolm Gladwell, a journalist for the New York Times and a popular published author of four books.

Mr. Gladwell spoke about the "Greater Good" as it might apply to community structure. And an interesting consideration posed by the speaker dealt with wealth and the community at large. Mr. Gladwell offered statistics about improvements in government that produced interesting results for the public well being. One example dealt with a wealthy friend that was outraged at the increase in New York taxes. Mr. Gladwell went on to express opinion that the many millions earned by the financier this past year would not affect his happiness. However, it was the speaker's opinion that collectively a public can accomplish "happiness" that money cannot buy individually.

So in this example, the wealthy businessman could not improve the roads or the appearance of Central Park with his personal wealth. Actually a cash strapped city might need the contributions, but I dare say that the businessman would be any more satisfied funding the Central Park upkeep. Fast reverse to the 1970's when NYC decided to eliminate lead in the city. I am sure that many complained about the "unnecessary taxa-

tion" to remove lead. Paint, gasoline and manufacturing were all required to curb the toxic effects of environmental lead. The opinion was that it was a health risk, especially for children.

This is where the unexpected occurred for me. Today, the youth crime rates are only 18% of the rates from the 1970's. How so I thought? Mr. Gladwell went on to explain that the lead in New York had produced increased emotional hyperactivity in children. The observed result being increased tendencies to be inattentive or impulsive. (This is a medical opinion not a social explanation.) Reduction of lead produced a reduction in erratic behavior thus reducing crime. Increased taxation did bring happiness that individual wealth could not buy, safety in the city. I did not see it coming, nor did they. So how does this apply to dentistry?

What might be the unexpected outcome of "One Year Exams" for all children? Should we eliminate fast food or high sugar snacks in schools? Are committed parents actually brushing a child's teeth up until the age of four? Should dental neglect by parents be charged as child abuse? Are dentists willing to lead the effort to turn a generation of children into healthy dental adults? Will the whole dentist population be willing to screen for disease, treat illness and if needed offer pro-bono care for those in true need? The AMA code of ethics requires treatment of patients even if the patient is unable to pay. What if that was the code of conduct for dentistry? Will reduction of oral inflammation translate into reduced cardiac, diabetic and birth weight issues?

What is the outcome for dentistry to heal without question? Are dentists able to be bold and fearless about dentistry? I hope I am. But more than that, I hope that by exceeding our grasp, we can celebrate unexpected and positive outcomes. Be part of the greater good!

Till next time, Phil

Master Calendar				
November 5	10th Annual Oral Health Forum	North Trenholm Baptist Church	8:30 am-3:30 pm	
November 12	HITECH Act Seminars	Virginia Wingard Memorial United Methodist Church	8:30 am-1 pm	
November 13	Nitrous Oxide Monitoring for Dental Assistants & Hygienists	MUSC College of Dental Medicine	8:30 am-5 pm	
November 13	EdVenture Open House for children with physical disabilities	EdVenture Children's Museum	5 pm-8 pm	



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President's Message

As predicted in my October article, the subject which received more debate than any other at the 2010 ADA House of Delegates was the resolution concerning workforce issues and what the ADA's policy on scope of practice should be with regard to dental auxiliary personnel. Anticipated concerns about the split between the opposing points of view (the "Austin group" versus the "Boston group") did not materialize. Most of our membership was in basic agreement regarding the fundamental principles by which the ADA should be guided when dealing with the "mid-level provider" issue. It is likely that

the Conference on Work Issues held at the ADA Head-

guarters on July 18th, 2010, paved the way to resolution of the perceived differences between our delegates around the country.

There were three basic core value principles on which everyone was finally able to agree. First, only a dentist should be making diagnoses, developing treatment plans, or performing surgical or irreversible procedures. Second, the ADA is a science-based organization and, as such, should support any scientifically based study or pilot program which purports to focus on improving oral health and/or access to care. Finally, it is a basic professional duty of the ADA and its members to ensure the protection of the public's oral health.

After a lengthy and spirited discussion, the 2010 House of Delegates agreed upon a resolution which upholds its core values on workforce policy but also allows members flexibility in these issues without violating current ADA policy. The second resolving clause of the final resolution gives a succinct summary of the ADA's current policy regarding the mid-level provider issue:

Resolved, that the ADA may support any pilot program that does not jeopardize the patient's oral health, is based on a valid assessment demonstrating that the program is necessary to fulfill an unmet need and the program does not allow a nondentist to diagnose, treatment plan, or perform irreversible/surgical procedures.

Resolved, that the development of any new member of the dental team be based upon need, sufficient education and training, and scope of practice that ensures the protection of the public's oral health.

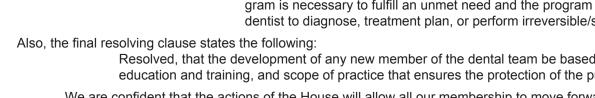
We are confident that the actions of the House will allow all our membership to move forward in a positive manner on the workforce issue.

We in South Carolina have already taken a substantial proactive approach to work force. The COHC (Community Oral Health Coordinator) bill has been passed by our legislature. This new dental team member will provide preventive education and will assist underserved patients in navigating the current dental health care system, thus finding them a "dental home." The second and equally important part of our approach to access is to ensure adequate Medicaid funding so that sufficient numbers of providers will continue to participate in the program.

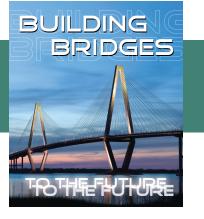
The overall tone of this year's meeting was decidedly positive. Reports from ADA president Dr. Ron Tankersley, incoming president Dr. Raymond Gist, and executive director Dr. Kathleen O'Loughlin all indicated that we are making excellent progress in correcting the serious ADA governance problems which came to light last year and implementing mechanisms in our system to prevent similar situations in the future. The basic culture and focus of the organization is moving in a progressive direction so that the ADA can continue to be the leading advocate for oral health care in America.

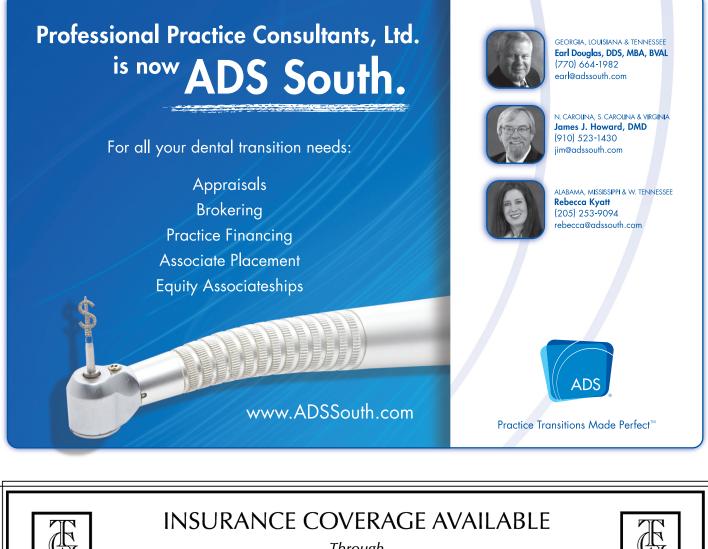
We can all be proud of the recognition received by two members from our own 16th District of the ADA. Dr. Ron Tankersley has led the ADA through some difficult and challenging times. The progress which has been made to move the organization in a forward direction is largely due to his strong and decisive leadership. Also, Dr. Terry Dickerson, Executive Director of the Virginia Dental Association, received the ADA Humanitarian Award at this year's annual session for his work in establishing the Virginia MOM Project (inspiration for our SCDA DAD Project). We all owe Ron and Terry a resounding vote of thanks for their many years of dedicated service to our profession!

"This new dental team member will provide preventive education and will assist underserved patients in navigating the current dental health care system ... "









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Executive Director's Notes



Mr. Phil Latham

Both the South Carolina Dental Association (SCDA) Member Benefits Group Board and the SCDA Board of Governors met at the end of October and the following are highlights from their meetings:

SCDA Member Benefits Group

• Received the annual renewal for the SCDA Health Insurance Program through Blue Cross Blue Shield of South Carolina (BCBSSC). At first the renewal was presented at 10.22% for 2011, however, the Board and staff renegotiated and BCBSSC came back with a 8% renewal. This percentage is lower than the national averages for 2011. Please note that you will be receiving information along with the new rates for 2011 in the coming weeks.

• A percentage of the 8% renewal goes towards national health care reform. In addition, the health care reform will be requiring that you as a business owner notify BCBSSC of the percentage of premium you paid for each employee in March 2010 to the percentage of premium

you plan to pay for each employee in January 2011. A form with background information and an example of how to complete will be mailed to you this week. Please note this is extremely important and cannot be overlooked. The completed form must be returned to BCBSSC by December 1, 2010.

• The Board approved an endorsement of the Sharps Company. With increased regulations over infectious waste and land fields refusing to accept waste even when it has been disinfected and solidified in your office, the Board felt it necessary to offer another option. The Sharps Company offers an inexpensive way to dispose of infectious waste and an easy way to arrange for pickup. Look for information that will be coming soon from Member Benefits.

South Carolina Dental Association Board of Governors

- Received a report regarding Medicaid and DentaQuest. Numerous meetings have been held in recent weeks regarding the issues of the transition from Medicaid to DentaQuest. Several changes have been implemented due to the efforts of SCDA. All changes and news can be easily found on the front page of the SCDA website. The SCDA will continue to keep this issue as a priority and at the top of its list.
- The Board has put together a Task Force to create a White Paper on access issues and other related oral health topics. With much increased discussion on mid level providers, several states and other organizations have put together a White Paper to discuss what has been done and their viewpoints. The SCDA hopes to have this paper completed soon so that it can be accessed by all members.

"...the Board and staff renegotiated and BCBSSC came back with a 8% renewal."

- The Board has discussed the issue of a mailed bulletin verses the current electronic version received by the membership. Although numbers reflect an increase in members accessing the *Bulletin* online, the Board still felt it necessary to provide something on paper to the membership. Several details still have to be worked out, a mailed version, although, not monthly, should begin in January.
- The Board received several other reports including ones from EdVenture and DHEC's Division of Public Oral Health.
- The Board finalized the House of Delegates agenda which will be mailed the first week in November along with several proposed SCDA Bylaws changes. In addition, the package will include the annual brochure to nominate individuals for SCDA awards.

PLEASE NOTE THE SCDA HOUSE OF DELEGATES WILL BE HELD ON FRIDAY, DECEMBER 3, 2010 AT VIRGINIA WINGARD METHODIST CHURCH IN COLUMBIA BEGINNING AT 10:00 AM.

BY NOW YOU SHOULD HAVE ALREADY RECEIVED YOUR 2011 SCDA MEMBERSHIP DUES STATEMENT AND MEMBERSHIP INFORMATION UPDATE FORM. PLEASE COMPLETE THE UPDATE FORM IF ANY INFORMATION HAS CHANGED AND REMEMBER THAT DUES ARE DUE BY DECEMBER 31, 2010.

You do the Math

On average, those SCDA members that took advantage of all of the benefits offered through the SCDA Member Benefits Group last year

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SCDA Member Benefits Group

by Mark Brown

Namibia to Ontario, Jerusalem to New York, Aruba to Massachusetts

MedjetAssist, the country's leading medical evacuation membership program, provides evacuation and repatriation services to hundreds of members every year – members who were not expecting to be injured or fall ill. An individual annual MedjetAssist membership starts at only \$190 for members of the South Carolina Dental Association and can save members tens of thousands of dollars in medical transportation costs.

Recent MedjetAssist transports:

Namibia, Africa to Ontario, Canada: Medjet arranged transfer for a 56-year-old member from Ontario, Canada who was hospitalized in Namibia, Africa with multiple rib fractures and a Hemothorax due to a motorcycle accident. After initial stabilization, member was transferred to his home in Ontario for continued care and rehabilitation.

Savings to the member: \$41,500.00

Transport Date: October 3, 2010

Jerusalem, Israel to Richmond Hill, New York: Medjet arranged transfer for a 65-year-old member from Richmond Hill, NY who was hospitalized in Jerusalem, Israel with bilateral quadricep tendon ruptures that were sustained in a trip and fall accident. After initial stabilization, member was commercially repatriated to his home hospital in New York for surgical repair and rehabilitation.

Savings to the member: \$14,600.00

Transport Date: October 3, 2010

Oranjestad, Aruba to Oxford, Massachusetts: Medjet arranged transfer for a 74-year-old member from Oxford, Massachusetts who was hospitalized in Oranjestad, Aruba with generalized weakness and aphasia, and was later diagnosed with an ischemic stroke. After initial stabilization, member was transferred to his home hospital in Oxford for continued care and rehabilitation.

Savings to the member: \$25,800.00

Transport Date: October 3, 2010

About MedjetAssist: MedjetAssist is the premier medical evacuation membership service. If a member is hospitalized more than 150 miles from home – virtually anywhere in the world and requires continued hospitalization – MedjetAssist will review his or her condition both with the attending physician and the Medjet physician, and arrange medical transfer to the member's hospital of choice. MedjetAssist has its corporate headquarters in Birmingham, AL, and is the recognized provider of medical evacuation and repatriation services for the SCDA. For more information, please visit www.medjet.com/scda.

Survey On Interprofessionalism

SCDA Dental Colleagues

Interprofessional education is a major initiative at MUSC and nationwide as people begin to realize that all health care providers need to work together to ensure optimum total patient care. As part of the University's initiative we would like to gather some information from SC dentists to learn their existing attitudes toward interprofessionalism, the degree of interprofessional contact in their practices, how those contacts are made and what the more frequent reasons for contact are. This will establish a baseline for any possible surveys in the future and more importantly help us to better tailor our student experiences/exposures here at the University. Interprofessional contacts as defined here are contacts between dentists and other health care providers but not dental auxiliaries.

We ask that you take a few minutes to complete the brief survey found at the following link: <u>https://www.surveymonkey.com/s/Q9YLXW2</u>

Your responses are anonymous and all results will be reported in the aggregate. This study has received approval from the MUSC IRB (HR #20407). If you have any questions about the study, you may contact Dr. Amy Blue, Assistant Provost for Education at MUSC at <u>blueav@musc.edu</u> or Dr. Steve Malley, Associate Professor, College of Dental Medicine at <u>maleys@musc.edu</u>.

We thank you in advance for your support!

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P9382 (8/08)

Membership Minute by Christy Meador

2011 Membership Dues

It's that time of the year again... your 2011 membership dues have hit the mail. Look out for a bright yellow invoice. The 2011 Membership invoice reflects SCDA/ADA/District mandatory dues, the ADA special assessment and voluntary dues.

<u>Mandatory</u> – Example for a full dues paying member: Payments to the ADA (\$505), Special Assessment (\$23), SCDA (\$335) and your District (\$40/50). Depending on your membership type, the mandatory payments will differ. This must be paid to retain your membership with the SCDA/ADA/District. * If you owe \$0 mandatory dues, there is no need to return your dues invoice, unless you are paying voluntary dues.

Voluntary Items - Contributions to the SCDA Alliance, DenPAC, Palmetto Club, Pinnacle Club, SCDA Foundation, SCDA Disaster Relief Fund and the SCDA Endowment Chair and AdPAC. For a description of each voluntary dues item, please see the back of your dues statement.

Deadline for dues - Dues are payable on or before <u>January 1, 2011</u>. After <u>February 15, 2011</u>, dues become delinquent and a **penalty** will be added to the SCDA portion. If dues are not paid on or before <u>March 15, 2011</u>, membership lapses and you will not be included in the next membership directory. We have a deadline for gathering the information for the directory so please get your dues statement and update sheet in as quickly as possible.

Membership update form - included with your dues invoice. Please return it in the self-addressed SCDA envelope along with your dues payment. This allows the SCDA & ADA database to be kept as current as possible. This information sheet is also used to print the membership directory.



Classified Ads

Palmetto Dental Personnel Inc. is owned and operated by a dental professional with 20+ years experience and has exclusively provided professional staff for Columbia and the surrounding Midlands areas for 20 years. PDP has dental hygienists, assistants and front office personnel available for temporary and permanent positions. Contact Gail Brannen at 1-800-438-7470, fax 866-234-8085, email gbrannen@palmettodentalpersonnel.com or visit us at www.palmettodentalpersonnel.com.

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#49103—General Dentist seeking to purchase a practice producing \$500K annually in the HHI area of South Carolina. Please contact Scott Carringer at Henry Schein Professional Practice Transitions at 704-622-7558 or 800-730-8883.

Near Myrtle Beach : Practice for sale very reasonably priced with three treatment rooms. Well trained staff willing to stay. Just under 1600 sq/ft in building. Excellent growth potential. Seller willing to sell the practice for \$125,000 and include the building at no additional cost. Must sell now. Call 843-651-5429.

INTERIM PROFESSIONAL SERVICE/LOCUM TENENS: Maternity Leave, Vacations, Illness, Disability, Part-Time Associates. Maintain Production, Patient Access. Also, Interim Job Opportunities. Forest Irons & Associates 800-433-2603 <u>www.forestirons.com</u> DENTISTS HELPING DENTISTS SINCE 1984.

Free standing dental office for lease - 1342 Ebenezer Rd., Rock Hill, SC, 1664 sq.ft. with Central Nitrous Oxide Lines and suction, 4 Operatories plumbed and room for expansion. Dark room equipped. Formerly an Oral surgeon (DMD) office. Rent is \$2991/mo. Available now. Shown by appointment. Contact Jay Rinehart - 803-323-5605 or John Rinehart - 803-323-5654.

The Opus Duo EC dental laser incorporates an Erbium laser for hard tissue procedures, such as decay removal (without local anesthesia) and crown lengthening, as well as a CO2 laser ideal for soft tissue procedures. 80% off original price, \$10,400.00. Contact Dr. Gene Grace's office at 843-524-6410 or email <u>drgrace@islc.net</u>.

Dental office for lease in West Columbia, SC. Five operatories. Call 803-772-4446.

Greenville Area: Excellent opportunity for someone ready to hit the ground running in a fast paced office! Well established high-end practice producing \$1.6M. Owner willing to associate back part-time with buyer to ensure a smooth transition of a patient base. Excellent, well-trained and efficient staff. For more information call 678-482-7305 or email info@ southeasttransitions.com or visit www.southeasttransitions.com.

Dental Practice for Sale in SC Coastal Area. Well established, high-end General practice producing 750-825K annually with excellent growth potential. Prime location, newly remodeled office with golf views. ½ mile from beach. 4 ops with updated equipment and exquisite décor. Practice located in free standing building, for sale or lease. Interests email to: bugzy1023@aol.com.

For Sale: Share in Oceanfront Condo at Wild Dunes, SC. 3 BR, 3BA (upgraded in Jan. '10 kitchen, baths, etc.) 1 week per quarter, deeded ownership. Call for details" Roy Strickland, DDS. 864-271-6705.

COLUMBIA Well established practice located in desirable area for over 30 years. On track to collect \$1.5 million in 2009. The facility has 12 operatories. This would be an excellent opportunity for a purchaser to move his practice into a larger facility. For more information call 678-482-7305, email info@southeasttransitions.com or visit www.southeasttransitions.com.

- Classified advertising is \$35 on a per issue basis. There is no charge for Help Wanted/Job Wanted (Job Bank) ads for members. The public can place ads for \$35 on a per issue basis. Ads are posted to the SCDA website during the month(s) of publication at no additional charge.
- All ad copies and cancellations must be received no later than the 20th of the month prior to publication, which will occur on the first of the month, with remittances accompanying the ads.
- Job Bank ads can be kept confidential if so desired. If you are interested in receiving information from or submitting information to the Job Bank, please call the SCDA office.
- If you have registered with us previously and have found work or filled your position, please let us know so that we can take your name out of our files.
- Contact: SCDA Bulletin, ATTN: Christy Meador, 120 Stonemark Lane, Columbia, SC 29210; call 800-327-2598; fax 803-750-1644; email meadorc@scda.org.

Help Wanted Ads

Florence - opening in well est., modern, clean office w/ loyal staff. Need ft/pt assoc. to participate like solo/owner dr. w/out the admin. burdens. Family practice w/ cosmetic emphasis. Salaried or commission package w/ health ins. avail. Call 1-800-thanksu and visit www.carolinasmile.com today!

An orthodontic assistant is needed for a progressive and reputable practice in Duncan, SC. Prior orthodontic or dental experience is preferred, but not a requirement if you have good hand-eye coordination and enjoy working with kids and adults. If you are interested in becoming part of our team, we encourage you to fax us your resume and a letter stating why you feel you would be an excellent addition to our office to 864-486-8688 or email info@chadwellsmiles.com.

Dentist needed! General or Pediatric! Part-time or Full-time! Position currently available in the Irmo area. Please fax or email resume to 803-781-5142 or <u>childrensdentalgroupsc@gmail.com</u>.

DENTIST WANTED FOR MOBILE DENTAL PRACTICE. Excellent opportunity. Travel required. 3-9 PM Full or part-time. Min. compensation \$150K/yr. Contact Dr. Ali: 1-877-904-7645.

PEDO OPPORTUNITY IN CHARLESTON, SC: Excellent opportunity for a pedodontist to join our well established practice - on a part-time basis. Great position for a pedodontist looking for additional working days or for a retired doctor who wishes to live in our beautiful coastal city. Please email us in complete confidence to <u>didg234@aol.com</u>. Staff Dentist Needed: Board Certified/eligible, base salary plus quarterly & incentive bonus. Great benefits & working conditions. Please call 843-343-6956.

Wanted for Camden general dental office. Two positions available. Part-time certified dental assistants. Must be friendly, cheerful, energetic, and enthusiastic about providing optimum dental care. 17 to 20 hrs./wk. Working experience necessary. Please submit resumes only. Fax to 803-865-7169.

Associate Dentists Needed: Kool Smiles offices opening in Columbia and Greenville, SC! Make a difference and make a great living! Kool Smiles is a growing dental practice with a mission of providing high quality dental care to underserved communities. With offices in multiple states across the country, we provide comprehensive general dentistry services to children and adults. We are currently hiring gualified, energetic Associate Dentists seeking: Generous compensation; Innovative Wealth Management Plan; Outstanding benefits; Excellent training, education and advancement opportunities; Visa and permanent residency sponsorship with covered legal fees, No practice management expenses and headaches. All candidates must have a degree in dentistry from an accredited dental program. Candidates must have an active license (in good standing) to practice dentistry in the state where providing patient care or be willing and able to obtain licensure. We currently have locations in Greenville, Anderston, Sumter and Charleston! Please email CV to rbaron@ncdrllc.com or fax to 678-247-7801 or contact Renee Baron at 404-862-9685. ***

Job Wanted Ads

Dentist available for locum tenens. Available weekly or monthly. General Dentistry. 20 years plus private practice, 8 years contract dentistry. Private practice, city and county dental clinics. Dr. Garland L. Slagle (843) 837-4126.

General dentist seeking PT employment in the Lowcountry area. Filling in while on vacation, maternity leave, illness/ disability, or just need an associate. GPR trained with 30+ years experience. Call Fred Danziger 843-377-8311 or email fziger@homesc.com.

Dentist available statewide for short-term fill in work. Contact: <u>johnmcgeary@hotmail.com</u> or 803-240-1452. General Dentist available statewide for locum tenens (short term fill-in work). 37+ years private practice, MUSC graduate, former member MUSC Board of Visitors. Call 843-729-8129.

General Dentist available for locum tenens. Help keep your overhead while you are away. Call 803-429-0649.

Other News

To keep up with other goings on within the dental profession, just follow the links below:

ADA News Daily Medicaid Bulletins SC Board of Dentistry News